SUPPPLEMENT 6 TO ATTACHMENT 2.6-A PAGE 1

State: WASHINGTON

FEDERALLY ADMINISTERED OPTIONAL STATE SUPPLEMENT: PAYMENT GROUPS/INCOME LEVELS January 1, 2000

	Gross	Income			SSI		State
			Le	evel		Standa	rd Benefit
Supplementation							
Living Alone 1/							
Area 1: <u>King,</u> Kitsap, <u>Pierce,</u> Snohomish and Thurston Counties.							
Individuals: Couples:	\$1,53	36	\$	539	\$	512	\$ 27
 Both individuals eligible: _ 	2,3	07		790		769	21
 Eligible individual w/one essential person on rolls before 1/1/74: 	al 2,30	07		790		769	21
3. Eligible individua with ineligible sp enrolled after		36		679.20		512	167.20
1/1/74: Area 2: Counties other than King, Kitsap, Pie Snohomish and Thurston	erce						
<pre>Individuals: Couples: 1. Both individuals eligible: 2. Eligible individual</pre>	1,53	1,536		518.55		512	6.55
		7		769		769	0
<pre>w/one essential pe on rolls before: 1/1/74</pre>	2,3	07		769		769	0
3. Eligible individua with ineligible sp	ouse		_				
enrolled after: 1/1/74	•			49.25		512	137.25
1/ Living alone inclu	doa	a		الم			

 $\underline{1}/$ Living alone includes room and board living arrangements.

TN No. 00-901 Approval Date 6/5/00 Effective Date 1/1/00 Supersedes TN No. 99-01

SUPPLEMENT 6 TO ATTACHMENT 2.6-A PAGE 2

State: WASHINGTON

FEDERALLY ADMINISTERED OPTIONAL STATE SUPPLEMENT:

PAYMENT GROUPS/INCOME LEVELS

January 1, 2000

	Gross Income Level	Standards	SSI Benefit	State Supplement				
Shared Living (Supplied Housing): Area 1 and 2								
Individuals:	\$1,024.02	\$ 346.15	\$ 341.34	\$4.81				
Couples:								
 Both individuals eligible: 	1,536	517.30	512	5.30				
<pre>2. Eligible individual w/one essential- person on rolls before 1/1/74:</pre>	1,536	517.30	512	5.30				
3. Eligible individual with ineligible spouse enrolled after 1/1/74:	1,024.02	444.10	341.34	102.76				
Other living 1/ Area 1 and 2								
Individuals:	1,500	1,500	<u>1</u> /500	1000				

Includes individuals in a Congregate Care Facility, Adult Residential Treatment Facility, Adult Family Home or Group Home. (These are non-Title XIX facilities.)

1/ This standard represents a maximum.

N No. 00-981 Approval Date 4/5/60 Effective Date 1/1/00 Supersedes TN No. 99-01